PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

BOE - OOZA

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			21					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00		BASIC FEE	
TOTAL CHARGEABLE CLAIMS			2 / minus 20=		* /			X\$ 9=		OR	X\$18=	18
INE	DEPENDENT C	LAIMS	2 minus 3 =		* -			X43=		OR.	X86=	. 0
Мι	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ro, enter	"0" in c	olumn 2		TOTAL	1	OR	TOTAL	788
	С	LAIMS AS A	MENDED - PART II			OTHER THAN						
		(Column 1)		(Colum		(Column 3)	1	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18≃	
	Independent	*	Minus	***		=		X43=		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UH		
								+145=		OR	+290=	
•								TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	İ	X43=		OR	X86=	
٩	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		1	+145=		Un		
										OR	+290=	
							A	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)	,	(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	1	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	-	=	t	X43=		. 1	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	7.10-		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	:
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." CADDIT. FEE										OR ,	TOTAL DDIT. FEE	
		mber Previously Paid					four	nd in the app	ropriate box	in colu	ımn 1.	